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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/925,433	<b>FILING OR 371(c) DATE</b> 08/10/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 032513-007.001
<b>APPLICANTS</b> Hesham Morsi, Louisville, KY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/224,361 08/11/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/13/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KY	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 22
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Teresa Stanek Rea BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 Alexandria, VA 22313-1404				
<b>TITLE</b> ENDOVASCULAR ANEURYSM TREATMENT DEVICE AND METHOD				
<b>FILING FEE RECEIVED</b> 478	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	